NOV 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 135 — File No. 35451
Township ~~Carrollton~~ — Primary Registration District No. 3010 — Registered No. 97
City Carrollton (No. ..... St. ..... Ward)

2. FULL NAME R. P. Brashear
(a) Residence, No. ..... St., ... Ward. Grand Pass, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 5, 1885
7. AGE: YEARS 49 MONTHS 6 DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME B. M. Brashear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Georgia Ann Tyne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Wm A. Brashear
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Pass DATE Oct 15, 1934
19. UNDERTAKER (ADDRESS) Standley Carrollton, Mo.
20. FILED 10-15, 1934 Ruth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1934
22. I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~ 10-14, 1934, to 10-14, 1934
I last saw him alive on 10-14-34, 19..... Death is said to have occurred on the date stated above, at 10:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	

Other contributory causes of importance:

Name of operation Hermotomy Date of 10-14-34
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Scovero, M. D.
(Address) Carrollton, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD